

(FOR CDP USE ONLY)

Center For Domestic Preparedness
Training Course Application
(Please Print Legibly and Accurately)

You will select your dates by week number and your class (s) by selecting a Program Letter. Please designate your three choices by listing the desired week of training and program letter found on the training calendar:

Name: _____ Male ☐
 (First) (MI) (Last) Female ☐

Social Security Number: _____ **Date of Birth:** _____
 (For Student Record Use Only) (month) (day) (year)

Home Mailing Address: *(Welcome packet mailed here)*

Organization/Work Address:

(Street address)

(Organization Name)

(City, State, Zip)

(Street Address)

(Home telephone or cell number)

(City, State, Zip)

(Fax number)

(Work Phone Number and ext)

Email

Profession: _____ **Position/Title:** _____

Airport of Departure: _____ **Or if driving, Check Here** ☐

Area of Jurisdiction City ☐ Township ☐
County ☐ Metro ☐ District ☐ State ☐
Federal ☐ National ☐ Port ☐
Tribal Territory ☐

Other (Please specify) _____

Discipline: Fire Suppression ☐ EMS ☐ Emergency Mgmt ☐ HAZMAT ☐
Law Enforcement ☐ Public Works ☐ Governmental Administrative ☐
Public Health ☐ Health Care (Non EMS) ☐ Public Safety Communications ☐

Other (Please specify) _____

HOT and ITC Courses will require the submission of a pre-requisite certificate.

Any questions should be referred to
your Regional Training Coordinator:
East Region 866-213-9546
Central Region 866-213-9547
West Region 866-213-9548
Help Line- 866-213-9553

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.

Center for Domestic Preparedness
Medical Screening Form
(Please Print Legibly and Accurately)

Date Completed _____

Responders Name: _____ **Signature:** _____

Supervisors Name: _____ **Signature:** _____
(Verifying Official)

Course Requested: _____

1. Responders under consideration for attendance at the Center for Domestic Preparedness for the following courses **must** complete this medical screening questionnaire: WMD Technical Emergency Response Training (TERT), Hazardous Materials Technician (HT), Hands-On Training (HOT), Hands-On Training (8-hour) (HOT8), Emergency Medical Services (EMS), Emergency Responder Hazardous Materials Technician (ERHM), Agricultural Emergency Response (AgERT), Law Enforcement Response Actions (LERA) WMD HAZMAT Evidence Collection (HEC).

2. Do you now or have you previously been treated for or experienced: (Please Circle)

Heart Disease or Condition	Yes	No	Seizures or Epilepsy	Yes	No
Chest Pain	Yes	No	Diabetes	Yes	No
Frequent Fainting	Yes	No	Heat Injury (last 12 months)	Yes	No
Asthma	Yes	No	Hyperventilated while wearing PPE	Yes	No
Emphysema	Yes	No	Claustrophobia	Yes	No
Chronic Bronchitis	Yes	No	Taking narcotic medication	Yes	No
Other Lung or Chest Problems	Yes	No	Have an open wound or sutures	Yes	No
Perforated Eardrum	Yes	No			

3. Any question with a **YES** answer requires the responder to have medical screening by a licensed physician certifying the responder is in appropriate health to perform tasks in personal protective clothing and respirator systems. High blood pressure (150 over 90) may preclude participation in Toxic Agent Training. **Pregnancy disqualifies responder candidates from attending this training.**
4. Forward Medical Screening Form and Physician Certification (if required) with Training Course Application. Additional medical screening will be conducted prior to entering the Toxic Agent Training Facility.